

# APPLICATION FOR SPECIAL USE PERMIT COMMERCIAL FILMING / STILL PHOTOGRAPHY (Long Form)



## **Tumacácori National Historical Park**

1891 East Frontage Rd Tumacácori, AZ 85640 520-377-5060, ext.5069

Please supply the information requested below. **Attach additional sheets, if necessary, to provide required information.** A nonrefundable processing fee of \$130.00 must accompany this application unless the requested use is an exercise of a First Amendment right. You must allow sufficient time for the park to process your request; check with the park for guidelines. You will be notified of the status of the application and the necessary steps to secure your final permit. Your permit may require the payment of cost recovery charges and proof of liability insurance naming the United States of America an additional insured.

Enter either a social security number OR a tax ID number; Applicant Name					Company/Organization Name					
Social Security Number*				Tax Identification Number*						
Street Address					Street Address					
City		State	Zip Code	Country	City State Zip Code Co					e Country
Telephone Number					Contact Name					
Cell Pho	ne Number				Telephone Number					
Fax Number					Fax Number					
Email Address					Email Address					
				PROJECT	INFORMATI	ON				
Project N	Name				Telephone Number Cell Phone Number					
Location Manager				Email Address						
Type of	Project eo/Motion Picture/Mo	ovie $\square$	Still Photo	graphy						
Detailed	Description of Onsit	e Activities			es, if necess	ary)				
		* numbor	in this colum		N SCHEDUL	<b>.E</b> uals present at	the leasti	on.		
Date	Loca	ation	III tilis coluli	Start Time	End time	Interior/ Exterior	Activ	rity: Set-Uլ ilming/Bre		Number of Cast/Crew*

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TALENT								
Talent comprises anyone in front of the camera and includes, but is not limited to, actors, hosts, correspondents, presenters, park visitors, cooperators, volunteers, National Park Service and concessioner staff, etc.								
Do you intend to utilize talent?   Yes No If "Yes", provide a full description below of who they are and how they will be utilized. (attach additional pages, if necessary)								
		1 1911,						
Description	of equipmer	nt hackdrone sets r	EQUIP		essanı) Please note i	f any of the following will		
		animals, minors, nuc		iai pages, ii riec	essary). Thease note i	any or the following will		
			ELECTRICAL RI					
Description	of electrical	requirements (attach	additional pages, if	necessary).				
Congretore	2 If "Voc" pr	ovide quantity and si	ze □ Yes □ No	2	Quantity	Size		
Generators								
LIGHTING REQUIREMENTS								
Lighting?  Yes No (If "Yes", explain below) Reflectors Only? Yes No								
Description of lighting requirements (attach additional pages, if necessary).								
\A/'II		-( d-0	ROAD					
	quire the use		☐ No If "Yes", plea	ise expiain:				
Do you require road closures?								
Starting	Ending	Starting Time	Ending Time		Location			
Date	Date	☐ AM						
		☐ PM	☐ PM					
		☐ AM ☐ PM	☐ AM ☐ PM					
		☐ AM	☐ AM					
		□ PM	☐ PM ☐ AM					
		☐ AM ☐ PM	☐ PM					
		☐ AM ☐ PM	☐ AM ☐ PM					
	1	Drivir	•	☐ Drive-by	☐ Towing	☐ Wet down road		
Types of Shots:			☐ Drive-ups and away		ain):			

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		C.A	MERA E	QUIPMENT					
Camera/Equipment	☐ Roa	☐ Road shoulder		☐ Road media		lian			
Location: (Check all that apply)	☐ Oth	er (explain):							
(5.1.5.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	☐ Hai	☐ Hand		pod	☐ Dolly				
Types of Equipment:	☐ Dol	Dolly w/track footage		m footage	☐ Crane or jib a	b arm			
(Check all that apply)		☐ Portable crane		ır mount	•	ear, shot maker, or process trailer			
	OPERATIONAL INFORMATION								
NUMBER OF VEHICL	_								
NOTE: Large or oversized vehicles may not be able to be accommodated or additional steps may need to be taken to ensure that no damage to park resource occurs.									
Cars, SUVs, or light pick-up trucks  Vehicles greater than a 10,000 lbs. (class 3 or higher)									
BASE CAMP LOCATION	ON (attach dia	grams)							
SPECIAL ACTIVITIES	(attach additio	onal pages, if nece	essary)						
INVOLVEMENT OF M	INORS								
		- N 16 (5) ( "				Quantity	Age Range		
Will children be involve		•	rovide nur	nber of child	ren and age range.				
LIVESTOCK OR TRAI			N. 15 (5)	"	6 H ·				
Will livestock or trained	animals be us			s", provide tr	ne following:				
Туре	Quantity	ity Manner of Transportation		Staging/Coral Requirements					
		•							
AIRCRAFT									
NOTE: All aircraft use your permit.	over park land	ls should be listed	d. Landing	s must be s <sub>i</sub>	pecifically requested	and approved as	a condition of		
Will aircraft be used?	☐ Yes ☐ No	o If "Yes", explair	n below (a	ttach additio	nal pages, if necess	ary)			
SPECIAL EFFECTS (ii	ncluding weap	ons, pyrotechnics	. etc.) (at	tach addition	nal pages, if necessa	arv)			
	gesp	оо, руготоооо	, 5151) (61		.a. pages,eeeee				
E						T = '1 A 1 1			
Effects Technician's Name				Contact Pr	none Number	Email Address			
License # (if applicable			Permit # (if	f applicable)					
	- /			(	т				
STUNTS									
Will stunts be used? ☐ Yes ☐ No If "Yes", explain below (attach additional pages, if necessary)									
Stunt Coordinator				Contact Ph	none Number	Email Address			
OTHER OR HAZARDOUS ACTIVITIES  Any other unusual or hazardous activities? ☐ Yes ☐ No If "Yes", explain below (attach additional pages, if necessary)									
Any other unusual of the	azaidous activ			Co , Capiani	Delow (attach addit	ional pages, il nee	,cssary)		

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OPERATIONAL INFORMATION								
Have you physically visited the requested area?								
When answering "Yes" to any of the following questions, provide additional information using additional pages, as necessary								
Do you have, or are you applying for, a permit with another Federal, State or local agency for this activity?  Have you had previous permits from the National Park Service?  Yes								
Have you ever been denied a permit or had a permit revoked by a Federal agency? Have you forfeited a bond or other security for filming on Federal lands? Are there any pending Federal investigations against you which involve a commercial filming activity?								
Do you plan to advertise or issue a press release before the event?  Do you anticipate any security concerns? If yes, explain (attach additional sheet).								
NOTE: You are encouraged to attach additional pages with information useful in evaluating your permit request including: story boards or scripts, set construction, parking plan, security plans, sanitary facilities, crowd control, emergency medical plan, off-road activity, trail use, use of any building and site clean-up.								
	PROJECT ADM	MINISTRATION						
Are you applying for this permit on behalf of another person or company?   Yes  No If "Yes", provide a full description (including contact information) of all other individuals/companies involved with this project (attach additional pages, as necessary)								
	CONT	ACTS						
Person on Location Responsible for Adher	rence to All Terms and	d Conditions of Permit.	•					
Name		Title						
Telephone Number		Email Address						
Person on Location Responsible for Coordinating Activities With the NPS:								
Name		Title						
Telephone Number	elephone Number Cell Phone Number		Email Address					
Company Point-of-contact for Follow-up In	formation and Billing:							
Name		Title						
Telephone Number Cell Phone Number		Email Address						
The applicant by his or her signature certifies that all the information given is complete and correct, and that no false or misleading information or false statements have been given. All estimates are reliable to the best of my knowledge and I have the full authority to represent the applicant/production company and the project described above.								
Printed Name	Title		Company Name					
Signature			Date					

#### **NOTICES**

This is an application *only*, and does not serve as permission to conduct any special activity in the park. The information provided will be used to determine whether a permit will be issued. Send the completed application along with the application fee in the form of a credit card payment, personal check, cashier's check, or money order made payable to the <u>National Park Service</u> to Attn: Special Use Permit Coordinator at the park address found on the first page of this application.

If your request is approved, a permit containing applicable terms and conditions will drafted and sent to you for your approval. The permit must be signed by the responsible person, Permit Coordinator and the Park Superintendent before the permitted activity may begin.

# **Customers Making Payment by Credit Card**

All credit card information is protected under the Privacy Act of 1974

Credit card payments can be made onsite at Tumacácori National Historical Park or online at Pay.gov. Pay.gov is the convenient and fast way to make secure electronic payments to Federal Government Agencies. Many common forms of payment are accepted, including credit cards, debit cards, and direct debit. From the Pay.gov website select "make a payment", then search for "Tumacácori National Historical Park". Select the form for Tumacácori NHP Commercial Filming and Still Photography Permits to continue processing a payment. Maintain the confirmation of your payment for your records.

#### **Customers Making Payment by Personal Check**

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

### **Privacy Act Statement**

**Authority:** 16 U.S.C. 1, National Park Service Organic Act; 16 U.S.C. 3, Rules and regulations of national parks, reservations, and monuments; timber; leases, 16 U.S.C. 3a, Recovery of costs associated with special use permits; and 16 U.S.C. 460i–6d, Commercial Filming.

**Purpose:** The purposes of the system are (1) to provide a park superintendent with information to approve or deny requests for activities that provide a benefit to an individual, group or organization, rather than the public at large; and (2) to assist park staff to manage the activity to ensure that the permitted activity does not interfere with the enjoyment of the park by visitors and that the natural and cultural resources of the park are protected.

**Routine Uses:** In addition to those disclosures generally permitted under 5 U.S.C.552a(b) of the Privacy Act, records or information contained in this system may be disclosed outside the National Park Service as a routine use pursuant to 5 U.S.C. 552a(b)(3) to other Federal, State, territorial, local, tribal, or foreign agencies and other authorized organizations and individuals based on an authorized routine use when the disclosure is compatible with the purpose for which the records were compiled as described under the system of records notice for this system.

**Disclosure:** Voluntary, however, failure to provide the requested information may impede individual from obtaining a permit from the National Park Service.

Information Regarding Disclosure of Your Social Security Number Under Public Law 93-579 Section 7(b): Your Social Security Number (SSN) is needed to identify records unique to you. Applicants are required to provide their social security or taxpayer identification number for activities subject to collection of fees and charges by the National Park Service. Failure to disclose your SSN may prevent or delay the processing of your application. The authority for soliciting your SSN is 31 U.S.C. 7701. The information gathered through the use of the SSN will be used only as necessary for processing this application and collecting and reporting any delinquent financial obligations. Use of the social security number will be carried out in accordance with established regulations and published notices of system of records.

#### **Paperwork Reduction Act Statement**

We are collecting this information subject to the Paperwork Reduction Act (44 U.S.C. 3501) to provide the park managers the information needed to decide whether or not to allow the requested use. All applicable parts of the form must be completed in order for your request to be considered. You are not required to respond to this or any other Federal agency-sponsored information collection unless it displays a currently valid OMB control number. OMB has approved this collection of information and assigned Control No. 1024-0026.

# **Estimated Burden Statement**

Public reporting burden for this form is estimated to average 30 minutes per response including the time it takes to read, gather and maintain data, review instructions and complete the form. Direct comments regarding this burden estimate or any aspects of this form to the Information Collection Clearance Officer, National Park Service, 12201 Sunrise Valley Drive, Mail Stop 242, Reston, VA 20192. Please do not send your form to this address.

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